NATIONAL ASSOCIATION OF
Community Health Centers

BECOMING A HEALTH CENTER PROGRAM LOOK-ALIKE

Rachel Sacks
Leading Healthy Futures

Module 3

MODULE 3: Demonstrating Organizational and Operational Readiness in the Application

Module 3 Notes

Lesson 1: Overview of the LAL Initial Designation Application

Lesson 2: Understanding the Application Narrative

Lesson 3: Creating a Compelling Need Section for your LAL Application

Lesson 4: Enhancing the Rest of Your Narrative

Lesson 5: Developing Strong Forms, Attachments, and Budgets

Lesson 6: Other Best Practices for Submitting Your Application

Module 3 Activity: Reflect on Application Strengths, Weaknesses, and Plans

Whether you have started drafting your application or are still just familiarizing yourself with the guidance, it's important to identify potential areas of strength and weakness so you can leverage the strengths and mitigate the weaknesses. Use this guided reflection to consider some areas where you may be doing well, areas where you may need to focus attention, and think through your planning accordingly.

What are my application's biggest areas of strength? Some possible examples include:

- Depth of need in the community (and ability to show that through quantitative data, charts, graphs, maps, qualitative data, etc.)
- Unique operations, services, or other activities that are well-aligned to the need
- Strong collaborative relationships
- Strong QI/QA program and clinical performance
- Experienced and diverse management team, board, or other leadership

What are my application's biggest areas of weakness? Some possible examples include:

- Overlapping service area, saturation of market, or other potential reasons service area may not be viewed as high-need
- Difficulty differentiating from other health centers in terms of services, population, etc.
- Insufficient collaboration, partnerships, or support
- Insufficient QI/QA program or EHR capacity
- Challenges developing budget (e.g. insufficient internal finance capacity)

Where might I need some help? Who might be able to assist? How will they assist?

- **Internally:** who on the leadership team, staff, or board can help in which ways? *List out who might be able to be assigned certain roles, such as developing the budget, drafting policies, analyzing population health data, reaching out to partners, etc.*

- **Externally:** might I be able to get support from NACHC, my state PCA, a partner organization, or a consultant or grant writer? What types of help do I need from them? *List out who might be able to provide data analysis, technical assistance, budgetary guidance, grant writing support, letters of collaboration, etc.*

How might I leverage my strengths or mitigate these weaknesses? What are my next steps?

- Example #1: to strengthen need section and highlight a specific need, we will add interviews with partners serving a specific sub-population (e.g. homeless individuals, refugees, etc.). We will reach out to these partners for interviews.
- Example #2: to resolve technical challenges developing a HRSA-compliant budget, we will contact our state PCA for recommendations of consultants we can engage or trainings we can attend.

Module 3 Additional Readings/Resources

1. Application Components part of guidance (pgs. 10-46)
   https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdf
2. Sample application components on the HRSA TA site
3. EHBs User Guide
4. Performance Measures Crosswalk
5. Sample Clinical Performance Measures Form
6. HRSA-Scope of Project
7. UDS Mapper
8. MUA/MUP Find
9. Health Center Self-Assessment Worksheet for Form 5A
10. Form 5A service delivery method descriptors
11. Form 5A services descriptors
12. Strategic Partnerships that can provide Training and Technical Assistance
13. Find your local State Primary Care Association

Compliance Manual Chapters Listed by Narrative Section

Narrative Section	Compliance Manual Chapters
Need	Chapter 3: Needs Assessment
Response	Chapter 4: Required and Additional Services Chapter 6: Accessible Locations and Hours of Operation Chapter 7: Coverage for Medical Emergencies During and After Hours Chapter 8: Continuity of Care and Hospital Admitting Chapter 9: Sliding Fee Discount Program
Collaboration	Chapter 14: Collaborative Relationships
Evaluative Measures	Chapter 10: Quality Improvement/Assurance Chapter 18: Program Monitoring and Data Reporting Systems
Resources/Capabilities	Chapter 1: Health Center Program Eligibility Chapter 5: Clinical Staffing Chapter 11: Key Management Staff Chapter 12: Contracts and Subawards Chapter 13: Conflict of Interest Chapter 15: Financial Management and Accounting Systems Chapter 16: Billing and Collections
Governance	Chapter 19: Board Authority Chapter 20: Board Composition

Narrative Sections Listed by Compliance Manual Chapter

Compliance Manual Chapter	Narrative Section
Chapter 1: Health Center Program Eligibility	Resources/Capabilities
Chapter 3: Needs Assessment	Need
Chapter 4: Required and Additional Services	Response
Chapter 5: Clinical Staffing	Resources/Capabilities
Chapter 6: Accessible Locations and Hours of Operation	Response
Chapter 7: Coverage for Medical Emergencies During and After Hours	Response
Chapter 8: Continuity of Care and Hospital Admitting	Response
Chapter 9: Sliding Fee Discount Program	Response
Chapter 10: Quality Improvement/Assurance	Evaluative Measures
Chapter 11: Key Management Staff	Resources/Capabilities
Chapter 12: Contracts and Subawards	Resources/Capabilities
Chapter 13: Conflict of Interest	Resources/Capabilities
Chapter 14: Collaborative Relationships	Collaboration
Chapter 15: Financial Management and Accounting Systems	Resources/Capabilities
Chapter 16: Billing and Collections	Resources/Capabilities
Chapter 17: Budget	Budget Narrative
Chapter 18: Program Monitoring and Data Reporting Systems	Evaluative Measures
Chapter 19: Board Authority	Governance
Chapter 20: Board Composition	Governance